(5) (3) (4) (4) (4) (4) (5)	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019
<015>	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	he information reported on behalf of the reporting carrier. I					
lso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:		Date:				
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		79 II.
Name of Authorized Agent or Employee of Agent:	100	
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

Cox Georgia Telcom, LLC

FCC For	m 481 - Carrier Annual Reporting Data Collection Form	CARAGONIA CARAGO		Form 481 3 Control No. 3060-0986/OM 2013	8 Control No. 3060-0819
					Sustained and the sustained an
<010>	Study Area Name	229011 Cox Georgia Telcom,	LLC		
15-94-92-0	Study Area Name	2015			
<020> <030>	Program Year Contact Name: Person USAC should contact with questions about this data	Jay Bradbury		(IXX)	1130
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com	1	31340	
W. St. S	1942914 PM			Manager and the second	.313 54.422
ANNUA	L REPORTING FOR ALL CARRIERS			Ret	juired Required
<100>	Service Quality Improvement Reporting		(complete attached workshee	.0)	
	Outage Reporting (voice)		(complete attached workshee	.0	
<210>		outages to report			
<300>	Unfulfilled Service Requests (voice) 229011ga310.pdf			_	
<310>	Detail on Attempts (voice)				
			10	attach descriptive document)	
<320>	Unfulfilled Service Requests (broadband)				1 111111
<330>	Detail on Attempts (broadband)				MILL
				(attach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)				
<410> <420>	Fixed Mobile 0.0		64.7		/
	Number of Complaints per 1,000 customers (broadle	pand)			1 211111
<440>	Fixed 0.0			1	48888
<450> <500>	Mobile 0-0 Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification	on)	/
71000000001	229011ga510.pdf	720.50	97,708 V) (INC \$60,004 \$67.0	20.00	
<510>			(attached descriptive docu	ument)	√
<600>	Functionality in Emergency Situations		(check to indicate certification	on)	✓
	229011ga610.pdf			<u></u>	7
<610>			(attached descriptive docume	ent)	<u>*</u>
		273		, –	
<700>	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached workshe (complete attached workshe	[24] Total	
<800>	Operating Companies and Affiliates		(complete attached workshe		
<900>	Tribal Land Offerings (Y/N)?	(if ye	es, complete attached workshe		
<1000>	Voice Services Rate Comparability		(check to indicate certification	on)	
<1010>			(attach descriptive docume	nt)	
<1100>	Terrestrial Backhaul (Y/N)?	(if i	Inot, check to indicate certificat	ion)	
<1110>			(complete attached workship	eet)	
<1200>	Terms and Condition for Lifeline Customers	Documentation World	(complete attached workship	eet)	
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Pr	Sec William I have been secure recovered	was a Chara		
<2000>	mesaung nace of neturn corners affinities with Fi	to our Local Exchange	(check to indicate certification	on)	
<2005>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(complete attached workshe	et)	
<3000>	nate of neturn carriers, Proceed to NON Additional	Documentation works	(check to Indicate certification	on)	
<3005>			(complete attached workshe		

	ervice Quality Improvement Reporting illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229011	
<015>	Study Area Name	Cox Georgia Telcom, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes/no) O O	
<111>	year plan" filed with the FCC?	(yes / no) O O	
<112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Repo	orting (Voice)
Data Collection Form	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedure
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RESERVATION OF THE PARTY OF THE	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030	> 4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	> jay.bradbury@cox.com
<701> <702>	Residential Local Service Charge Effective Date 1/1/201 Single State-wide Residential Local Service Charge 16.99	.4

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	The state of the s	<c></c>
	145			85 575A	Residential Local		Tarres (September 1998 - 1998	Mandatory Extended Area	555 ATV 556 RATE 10000
-	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fe
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(710) Broadband Price Offerings	FCC Form 481	
Data Collection Form	OMB Control N	lo. 3060-0986/OMB Control No. 3060-0819
	July 2013	

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>		<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			- See attac worksheet -	hed				
	1100							
						118(00.019)		
			1					

<010>	Study Area Code		229011
<015>	Study Area Name		Cox Georgia Telcom, LLC
<020>	Program Year		2015
<030>	Contact Name - Person	USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address	Email Address of person identified in data line <030>	jay.bradbury@cox.com
<810>	Reporting Carrier	Cox Georgia Telcom, LLC	
<811>	Holding Company	Cox Communications, Inc.	
<812>	Operating Company	Cox Georgia Telcom, LLC	

7 . N. 12 . W. A. 27 . 12 . .

FCC Form 481

(800) Operating Companies

<813> <81>	<92>	₹a3> % 3 % 5 %
Affiliates	SAC	Doing Business As Company or Brand Designation
	-	
	and the second second	
Table 1 and		
The contract of the second of		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

MARKET THE STREET	oal Lands Reporting	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060- July 2013	0819
<010> <015> <020> <030> <035> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <03 Contact Email Address - Email Address of person identified in data line <03 Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to B(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal	Select (Yes,No, NA)	
<922> <923> <924> <925> <926> <927> <928> <928>	community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.		

5 - 1000 PM 1200 PM 1200 PM 1200 PM	o Terrestrial Backhaul Reporting	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP h	ttp://www.cox.com/residential/phone/lifeline.cox
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Col	ice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229011	
<015>	Study Area Name	Cox Georgia Telcom, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4042699190 ext.	**************************************
(03)2	Contact Entail Address - Entail Address of person identified in data life <0302	jay.bradbury@cox.com	
CHECK ti	ne boxes below to note compliance as a recipient of incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(e		gh Cost support to offset access charge reductions, and Connect America Phase II the documents attached below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		⊢
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing receding calendar year.	line 2021, contains the required information shall provide the number, names, and ng access to broadband service in the	
<2021>	Interim Progress Community Anchor Institutions		Attached Document Listing Required Information

ata Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
e010s	Shirth Arm Code	
<010> <015>	Study Area Code Study Area Name	229011 Cox Georgia Telcom, LLC
020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	iav.bradburvacox.com
HECK t	경기 교통을 보지 않는 아이를 하지만 하게 되는 것들어서 얼마나 아이를 하지만 하는 것은 이렇게 살아가는 것이다.	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 4 ne information reported on this form and in the documents attached below is accurate.
	December 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	
	A A A STATE OF THE	Name of Attached Document Listing Required Information
		Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addroproviding access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
		Name of Attached Document Listing Required Information
(3013) (3014)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No) (Q)(Q)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report $$ in a fi	ormat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	parenty.
(3023)	Underlying information subjected to a review by an independent certified public accountant	
(3024) (3025)	Underlying Information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Co	ash Flows
(3026)	Attach the worksheet listing required information	

FERRISH CARRESTS	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support	
recipients; and, to the best of my knowledge, the information re	ported on this form and in any attachments is accurate.
Name of Reporting Carrier: Cox Georgia Telcom, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/20/2014
Printed name of Authorized Officer: Joiava Philpott	
Title or position of Authorized Officer: Vice President, Regu	nlatory Affairs
Telephone number of Authorized Officer: 4042690983 ext.	
Study Area Code of Reporting Carrier: 229011	Filing Due Date for this form: 06/30/2014

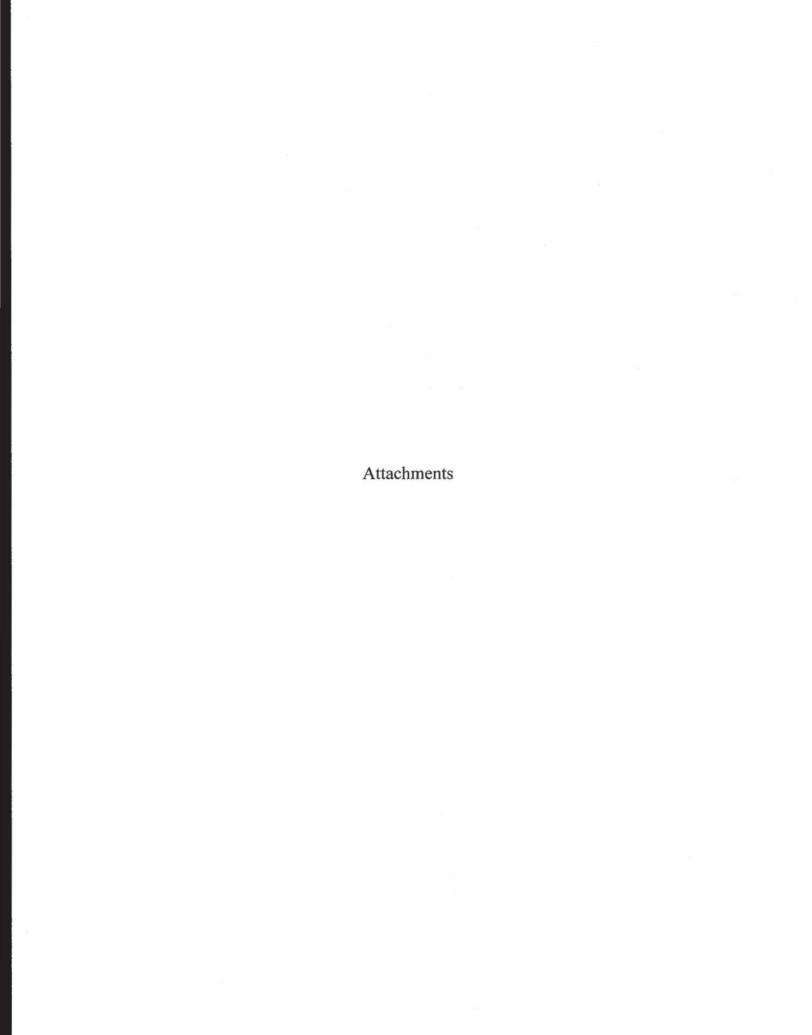
Data Coli	ion - Agent / Carriet ection Form	FCC Form 981 OMB Control No. 3060-0996/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting of
also certify that I am an officer of the reporting carrier; r agent; and, to the best of my knowledge, the reports an	sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the author a provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or	LI Recipients on Behalf of Reporting Carrier
i, as agent for the reporting carrier, certify that I am auth the data reported herein based on data provided by the r	지어 아이를 가게 하면 가게 되었다. 이 가지 않는 사람들이 되었다면 하는 것이 되었다면 하는데 되었다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 하는데 없다면	ice support recipients on behalf of the reporting carrier; I have provided ne information reported herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



(700)	Price Offerings	including	Voice	Rate Data
Data	Collection Form			

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

Study Area Code	229011
Study Area Name	Cox Georgia Telcom, LLC
Program Year	2015
Contact Name - Person USAC should contact regarding this data	Jay Bradbury
Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 1/1/2014

<703>

<a1></a1>	<a2> Exchange (ILEC)</a2>	<a3> SAC (CETC)</a3>	 kb1> Rate Type	 Residential Local Service Rate	State Subscriber Line Charge	 State Universal Service Fee	Mandatory Extended Area Service Charge	<c> Total per line Rates and Fe</c>
GA	All		FR	16.99	0.0	0.0	0.0	16.99
					and the second			
							MANY	
	8							
								
				-			101-980-98	
								1
	- Inchin		401					
							in more than the same	

<010>	Study Area Code	229011
<015>	Study Area Name	Cox Georgia Telcom, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury∉cox.com

<a1></a1>	<a2></a2>	<b1></b1>	C025	<c> <d1>'</d1></c>	<d2></d2>	Y		
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
GA	All	0.0	0.0	0.0	0.0	0.0	0.0	Other, CETC not required to report broadband data.
	54							1955/11
								and the second s

Cox Serviceability Process Flow Form 481 – Line 310

Service Quality Standards & Consumer Protection

Form 481 - Line 510

Cox is committed to meeting all applicable customer service requirements. This commitment is part of a company-wide effort to maintain the highest possible level of customer satisfaction for telephone, cable and Internet services, and is reflected in the J.D. Power awards that Cox Communications has won over since 1996.

As part of its efforts to provide the highest levels of service, Cox focuses on providing quality customer service and a reliable network. Cox strives to meet or exceed the Commission's service objectives articulated in the orders of the commissions of the various states in which it provides service.

An important component of Cox's customer service focus is the use of customer satisfaction surveys. These surveys are always ongoing with regular reviews of the results being translated into customer service improvement efforts. Cox is also furthering its efforts to understand customer satisfaction via the launch of an email based survey for post telephone call reviews.

Cox continues to comply with all mandated consumer protection requirements, including the federal Truth-In-Billing rules, advertising requirements, tariffing obligations and state-specific requirements governing customer notices, late fees, disputes and other consumer issues. Cox believes that it is important to treat all of its customers fairly, not just as a matter of business or legal requirements, but because respect for consumers is essential to the company's relationship with its customers.

Functionality in Emergency Situations

Form 481 - Line 610

Cox has designed its network to be resilient in emergencies. Cox has included back-up power in its network designs to ensure that its customers retain service even when commercial power is unavailable. Cox uses route diversity and other techniques to limit the likelihood that damage to its facilities will cut off service to its customers. Further, Cox's IP-based telephone service includes battery backup in the customer equipment in accordance with industry standards and relevant regulatory requirements. These features allow Cox to maintain service even when there are substantial power outages within its service area. 2

Cox also is compliant with all relevant 911 and E911 requirements. Where E911 is available in a local community, Cox ensures that all necessary information, including location information and callback data, is provided to the local E911 database and available to the Public Safety Answering Point ("PSAP"). Cox has provided 911 and E911 since it began offering telephone service, and has offered full 911 and E911 capability for both its circuit-switched and IP-based products.

Finally, Cox follows industry standard procedures for addressing traffic spikes within its network, including implementing call gapping when appropriate. In addition, Cox seeks to avoid network congestion issues by monitoring traffic on an on-going basis and sizing its network and interconnection facilities to maintain call blocking below industry standard levels.

¹ Cox has implemented a program for replacement of the backup batteries to ensure that customers do not experience unexpected loss of service.

² Cox prides itself on its exemplary record of service maintenance and service recovery after hurricane or other natural damage to its network throughout its entire US footprint.

Cox Iowa Telcom, LLC

FCC For	m 481 - Carrier Annual Reporting Data Collection Form	**************************************	THE STATE OF THE PARTY OF THE P	FCC Form 481 OMB Control No. 3060 July 2013	0-0986/OMB Control No. 3060-0819
<010>	Study Area Code	359019			
<015>	Study Area Name	COX IOWA TELECOM, L	rc		
<020>	Program Year	2015			100
<030>	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com	n		
ANNUA	LEREPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting	54	(complete attached work	(sheet)	
<200>	Outage Reporting (voice)		(complete attached work	sheet)	
<210>		outages to report			
<300>	Unfulfilled Service Requests (voice)			٦ .	
<310>	Detail on Attempts (voice)				MILLE
				(attach descriptive d	ocument)
<320>	Unfulfilled Service Requests (broadband)			7	
<330>	Detail on Attempts (broadband)			(attach descriptive	document)
<400>	Number of Complaints per 1,000 customers (voice)			_	
<410>	Fixed				
<420> <430>	Mobile Number of Complaints per 1,000 customers (broadt	pand)			-
<440>	Fixed				11888
<450> <500>	Mobile Service Quality Standards & Consumer Protection Re	ules Compliance	(check to indicate certifi	ication)	
<510>			(attached descriptive	document)	
<600>	Functionality in Emergency Situations	Raise	(check to indicate certifi	ication)	
			(attached descriptive doc	cument)	
<610>	1				
<700>	Company Price Offerings (voice)		(complete attached wor	ksheetj	
<710>	5. 1997 C 4 (1) 17 (1) C (1) 6 (1) 17 (1) 17 (1) 17 (1) 18 (1) 17		(complete attached wor	ksheet)	
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	ne	(complete attached wor		THE STATE OF THE S
	Voice Services Rate Comparability	(17.7)	es, complete attached wor (check to indicate certifi		
<1010>			(attach descriptive doc	ument)	
<1100>	Terrestrial Backhaul (Y/N)?	(if	not, check to indicate certi	fication)	
<1110>			(complete attached wor		
<1200>	Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional I	Documentation Works	(complete attached wor	rksheet)	
	Including Rate-of-Return Carriers affiliated with Pri	S E SE SE	= -		
<2000>		one as early of the control of the c	(check to indicate certifi		
<2005>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(complete attached work heet	ksneetj	
<3000>			(check to indicate certifi	cation)	- Mille
<3005>			(complete attached work	ksheet)	THE RESERVE OF THE PARTY OF THE

(100) Se	ervice Quality Improvement Reporting		FCC Form 481
Data Co	ellection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359019	
<015>	Study Area Name	COX IOWA TELECOM, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) O	
<111>	year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ine	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		
A			